

# TITLING AND LICENSING INSTRUCTIONS FOR OFFICIAL VEHICLES



Missouri Department of Revenue  
Motor Vehicle Bureau  
P.O. Box 2076  
Jefferson City, MO 65105  
Phone: (573) 751-5709

May 2008

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## LIST OF STATE DEPARTMENTS ELIGIBLE FOR OFFICIAL LICENSE PLATES

To provide consistency in titling all state of Missouri official license plates, state departments should title motor vehicles in the department's name as listed below. For example, motor vehicles owned by the Department of Revenue, Division of Taxation should be titled Mo Department of Revenue not Division of Taxation.

<u>DEPARTMENT NAME</u>	<u>DEPARTMENT CODE</u>
Elected Officials	
• Mo Governor's Office	1
• Mo Lieutenant Governor's Office	2
• Mo Secretary of State's Office	3
• Mo Auditor's Office	4
• Mo Treasurer's Office	5
• Mo Attorney General's Office	6
Mo Office of Administration	10
Mo Dept of Agriculture	11
Mo Dept of Conservation	12
Mo Dept of Corrections	13
Mo Dept of Economic Development	14
Mo Dept of Elementary & Secondary Education	15
Mo Dept of Health	16
Mo Dept of Higher Education	17
• Crowder College	CC
• Harris-Stowe State College	HSSU
• Lincoln University	LU
• Linn State Technical College	LSTC
• Metropolitan Community Colleges	MCC
• Mineral Area College	MAC
• Missouri Southern State University – Joplin	MSSU
• Missouri State University – Springfield	MSU
• Missouri University of Science and Technology – Rolla	MST
• Missouri Western State College	MWSU
• Northwest Missouri State University – Maryville	NWMS
• Southeast Missouri State University – Cape Girardeau	SE
• State Fair Community College	SFCC
• Truman State University – Kirksville	TSU

• University of Central Missouri – Warrensburg	UCMO
• University of Missouri – Columbia	MZU
• University of Missouri – Hospitals	UHC
• University of Missouri – Kansas City	UMKC
• University of Missouri – St. Louis	UMSL
• University of Missouri – Systems	UMS

Mo Dept of Transportation	18 & 19
Mo Dept of Insurance	20
Mo Dept of Labor & Industrial Relations	21
Mo Dept of Mental Health	22
Mo Dept of Natural Resources	23
Mo Dept of Public Safety	24
Mo Dept of Revenue	25
Mo Dept of Social Services	26
Mo Consolidated Health Care Plan	27
State Court Administration (Judiciary)	28
Mo House of Representatives (Elected officials)	29
Mo Senate (Elected officials)	29
MO State Lottery	30
MO State Tax Commission	31
MO Office of Administration – Fleet Group	32
MO Office of Administration- Pool Group	33

*Eligible for official plates, but not yet assigned a department code.*

Mo Supreme Court (Elected Officials)  
Mo State Employees' Retirement System  
East Central College  
Jefferson College  
Moberly Area Community College  
North Central Missouri College  
Ozarks Technical Community College  
St. Charles Community College  
St. Louis Community Colleges – Florissant Valley, Forest Park, Meramec  
Three Rivers Community College

## SECTION A – REQUEST FOR ADDITIONAL PLATES

Form [DOR-5175](#) must be completed and submitted to Department of Revenue before plate(s) will be ordered.

NOTE: If application for title and registration is received prior to receiving form DOR-5175, your plates will not have been ordered. As noted below the plates will take approximately three weeks to be delivered.

\* *Remember no stock will be maintained and it takes approximately three weeks for plates to be delivered.*

## SECTION B – TITLING A STATE OWNED VEHICLE

The following documentation must be submitted to the Motor Vehicle Bureau (MVB) to title a state owned vehicle:

1. Application for Missouri Title and License, DOR-108 (Attachment A); and
  - a. The application must be completed in full and signed by an authorized agent for the department.
  - b. The official name and address of the department must be recorded on the application for title using standard abbreviations whenever possible as suggested on page 2 and 3 of this booklet. **Do not list an agency within a department as the owner.**

**NOTE:** A Certificate of Title may be mailed to an agency within a department by completing the “mail to” information on the title application.

For example, if the Department of Mental Health purchases a vehicle for the Rolla Regional Center, the owner's name and address on the title application should be listed as: *MO Dept of Mental Health, 1706 E Elm St., Jefferson City MO 65109*. A “mail to” name and address may be listed as *Rolla Regional Center, PO Box 1098, Rolla MO 65402*.

- c. The Title Only block must be marked at the top of the application. If new plates are needed or existing plates are being transferred, an Application for License, DOR-184, must also be submitted. See Section C
2. Submit the properly assigned Manufacturer's Statement of Origin (MSO), Certificate of Title, or an assigned Certificate to obtain title if the vehicle was received from the Missouri State agency for Surplus Property. If the vehicle is less than 10 years old, the odometer reading at the time of transfer must be recorded by the seller in the assignment area. The following vehicles are exempt from the odometer disclosure requirements:
  - a. Vehicles ten years or older;
  - b. New vehicles transferred on a MSO between franchised dealers. Mileage is required on the retail sale of the vehicle;
  - c. Vehicles with a gross vehicle weight of over 16,000; and
  - d. All-terrain vehicles.

**NOTE:** If the vehicle was previously titled in another state, Missouri law requires a current ID/OD inspection (Attachment B) to be completed by an official inspection station and to accompany the application for title. The inspection should verify the vehicle identification number and odometer reading displayed on the vehicle at the time of inspection.

## SECTION C – REGISTRATION REQUIREMENTS

The following documentation must be submitted to the MVB to obtain official license plates for a state owned vehicle:

1. Application for License Only, DOR-184, completed and signed by an authorized agent for the department (Attachment C-1);
2. Proof of ownership; and
  - a. A copy of the title in the department's name; or
  - b. A validated pink registration receipt showing the department has applied for title.
3. A current safety/emissions inspection certificate not more than 60 days old, if applicable.

**NOTE:** A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County, Franklin, or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.

## SECTION D– TRANSFERRING OFFICIAL LICENSE PLATES

An official license plate may be transferred from one vehicle titled in a state department's name to another vehicle already titled to the same department. The license plate transfer must be reported to the MVB. Official license plates may be transferred at the time of titling a newly acquired motor vehicle or at a later date by submitting the documents outlined below.

**NOTE:** The applications must be submitted to MVB within 30 days of transferring the plates.

1. Application for License Only, DOR-184, completed and signed by an authorized agent for the department (Attachment C-2); and

**NOTE:** The owner's name must be recorded exactly as it appears on the Missouri Certificate of Title. The license transfer information blocks on the application must be completed as shown in Attachment C-2.

2. A current safety/emissions inspection certificate not more than 60 days old, if applicable.

**NOTE:** A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County, Franklin, or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.



## **SECTION E – REPLACEMENT LICENSE PLATES**

If an official license plate is lost, stolen, or mutilated, you must apply for replacement plates by completing an Application for Replacement Plate(s)/Tab(s), DOR-1576 (Attachment D). This application must be completed, signed, notarized, and submitted to the MVB.

**NOTE:** It takes approximately three weeks to manufacture replacement license plates. The replacement plates will be mailed to the address listed on the application.

## **SECTION F – SURRENDERING OFFICIAL LICENSE PLATES**

When a vehicle is surplused or sold, the state agency must notify the Department of Revenue, MVB, in writing at the address below within 10 days of the sale/surplus to insure accurate license plate information is maintained.

Official license plates must be surrendered to the MVB when a vehicle is sold and will not be replaced within 90 days. Send the plates along with a letter of explanation to the address shown in Section G below.

## **SECTION G – CONTACT INFORMATION**

When submitting information to MVB to title and register a state owned vehicle, please send it to the following address:

Missouri Department of Revenue  
Motor Vehicle Bureau  
Harry S Truman State Office Building  
Attn: Official Plate Desk  
301 West High Street  
P.O. Box 100  
Jefferson City, MO 65105-0100

You may also deliver it directly to the Harry S Truman State Office Building, Room 370.

If you have additional questions pertaining to titling and registering state owned vehicles, you may contact our office at (573) 526-3669.

## ATTACHMENT A

ANY FALSE STATEMENT IN THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH\* (301.420 RSMo)

<b>TRANS TYPE</b>		<b>RECIPROCITY ONLY</b>	<b>PRORATE NO</b>	<b>TYPE ALL APPLICATIONS</b>
<input type="checkbox"/> RENEWAL/TRANSFER PLATES <input type="checkbox"/> TRANSFER PLATES <input type="checkbox"/> NEW PLATES <input checked="" type="checkbox"/> TITLE ONLY		DOR USE ONLY - REJECT NUMBER LICENSE PLATE NO		<b>STAPLE HERE</b> BRAND CODE
<b>OFFICE VALIDATION</b>				

**MISSOURI DEPARTMENT OF REVENUE**  
**APPLICATION FOR MISSOURI TITLE AND LICENSE**

ORIGINAL <input checked="" type="checkbox"/>	DUPLICATE <input type="checkbox"/>	NON-NEGOT. <input type="checkbox"/>	PRIOR SALVAGE <input type="checkbox"/>	CORRECTED <input type="checkbox"/>	MECHANIC LIEN <input type="checkbox"/>	SALVAGE <input type="checkbox"/>	DUP. SALVAGE <input type="checkbox"/>	JUNK <input type="checkbox"/>	DUP. JUNK <input type="checkbox"/>	TRANSFER ON DEATH (TOD) <input type="checkbox"/>	TENANTS IN COMMON <input type="checkbox"/>
--	------------------------------------	-------------------------------------	--	------------------------------------	--	----------------------------------	---------------------------------------	-------------------------------	------------------------------------	--	--

<b>OWNER</b>	OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 38 POSITIONS WILL PRINT ON TITLE), INCLUDING TOO: Mo Dept of Mental Health								TOD BENEFICIARIES, IF APPLICABLE					
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER 1706 E Elm St								COUNTY Cole		FLEET NUMBER		L/R NUMBER	
	CITY Jefferson City								STATE MO		ZIP CODE 65109		TELEPHONE NUMBER 573-751-4123	
									DLN, SSN, OR FEIN NUMBER		PRICE \$ 15,500			

<b>VEHICLE</b>	YEAR 96	MAKE Ford	VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS) 1 F A L P 5 2 U X S G 2 4 1 3 3 0						BODY STYLE Fodor		REBATE \$	
	COLOR Blue	FUEL G	<input checked="" type="checkbox"/> G - GAS <input type="checkbox"/> D - DIESEL <input type="checkbox"/> N - NATURAL	<input type="checkbox"/> P - PROPANE <input type="checkbox"/> E - ELECTRIC <input type="checkbox"/> O - OTHER	GVWR OVER 16,000 LBS <input type="checkbox"/> YES	IF NEW, LIST GVWR	MILEAGE 19	CODE	PURCHASE DATE 12-15-97	VEHICLE TRADE-IN \$		
	KIND OF VEHICLE P - PASSENGER M - MOTORCYCLE T - TRUCK C - TRICYCLE D - TRAILER R - REC. VEHICLE B - BUS A - ATV		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED (MSO) (TITLE)	PREVIOUS TITLE NUMBER MSO		STATE	ZONE	<input checked="" type="checkbox"/> L - LOCAL S - SHUTTLE <input type="checkbox"/> F - FARM T - TRANSIT	GR, WT. OR SEATING CAPACITY	OTHER CREDIT \$		
			K.O.V. P	CYL. 06	H.P. 29	TAB NUMBER	EXP. MO.	EXP. YR.	SPECIAL P	NET PRICE \$		

<b>LIEN/MAIL TO</b>	FIRST LIEN <input type="checkbox"/> YES <input type="checkbox"/> NO		SECURITY AGREEMENT DATE	LIENHOLDER'S PHONE NO.	SECOND LIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> MAIL TO ALTERNATE ADDRESS BELOW. DO NOT USE IF SECOND LIEN OR SUBJECT TO FUTURE ADVANCES.	
	1 FIRST LIEN				2 SECOND LIEN/MAIL TO		<input type="checkbox"/> STFA
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER				STREET ADDRESS, R.R. OR P.O. BOX NUMBER		<b>FEES</b>
	CITY STATE ZIP CODE				CITY STATE ZIP CODE		LICENSE FEE \$

<b>TRADE-IN/TRANSFER</b>	<input type="checkbox"/> TRADE-IN <input type="checkbox"/> LICENSE TRANSFER <input type="checkbox"/> OTHER CREDIT	YEAR	MAKE	LICENSE NUMBER	EXP. YEAR	FIRST LIENHOLDER AUTHORIZES SECOND LIEN BY SIGNING HERE: ▶	
	VEHICLE IDENTIFICATION NUMBER					H.P.	TITLE NUMBER
						<b>SIGNATURE OF ONE OWNER REQUIRED</b>	
						"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE." X Bill Brown, Title Clerk	

<b>OWNER SIG.</b>	If this motor vehicle is registered at the time application for title is made, my signature shall certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license, or operate on the streets or highways. You must present your insurance card or other acceptable proof of financial responsibility. Any false affidavit is a crime under Section 575.050 of Missouri law.						"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE." X Bill Brown, Title Clerk	
	MO DEALER NUMBER		DEALERSHIP NAME		CITY, STATE, ZIP CODE		TELEPHONE NUMBER	
	"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE."						SIGNATURE OF DEALER OR REPRESENTATIVE	
	TRADE-IN <input type="checkbox"/> YES <input type="checkbox"/> NO						TITLE PENALTY \$	

<b>DEALER INFO.</b>	DUPLICATE TITLE ONLY - COMPLETE REASON AND NOTARIZE. NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE. <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED (ATTACH MUTILATED TITLE) <input type="checkbox"/> NEVER RECEIVED - LOST IN MAIL						DONATIONS <input type="checkbox"/> \$1 BLIND FUND <input type="checkbox"/> \$1 ORGAN FUND <input type="checkbox"/> \$10 WWW II MEMORIAL FUND		FUND DONATIONS \$			
	NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL						STATE		COUNTY (OR CITY OF ST. LOUIS)		TITLE/QUICK FEE \$ No Fee	
	SUBSCRIBED AND SWORN BEFORE ME, THIS						DAY OF		NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)											

<b>NOTARY DUP. TITLE ONLY</b>	NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL						STATE		COUNTY (OR CITY OF ST. LOUIS)		TITLE/QUICK FEE \$ No Fee	
	SUBSCRIBED AND SWORN BEFORE ME, THIS						DAY OF		NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)											

<b>BRANCH OFFICE VALIDATION ONLY</b>						H 1094888		MILEAGE DATE		SUBTOTAL \$	
						<input type="checkbox"/> APPROVE <input type="checkbox"/> REJECT				PROCESSING OR AGENT FEE \$	
						SURRENDERED PLATE NUMBER				TOTAL \$	
						SURRENDERED PLATE CREDIT				PROCESSED BY	

MO 860-0352 (6-04)

TITLE WITHIN THIRTY DAYS TO AVOID PENALTY

DOR-108 (6-04)

# ATTACHMENT B

FOR ILLUSTRATION PURPOSES ONLY

Missouri Motor Vehicle Inspection APPROVAL CERTIFICATE				
...SEE INFORMATION ON REVERSE SIDE...				
VEHICLE OWNER'S NAME Dept. of Mental Health				
STREET 1706 E. Elm St.				
CITY Jefferson City		COUNTY Cole		
VEH YR 8/2	MAKE CHEV	ODOMETER READING 54,144	GVWR (if exempt from emiss insp)	
VEH ID NO. 1G1C1S11418161C1211520741				
BODY STYLE <input checked="" type="checkbox"/> Car		FUEL TYPE GAS		
<input type="checkbox"/> Truck/Bus		<input type="checkbox"/> Motorcycle		
<input type="checkbox"/> School Bus		<input type="checkbox"/> Trailer		
DEFECTS				
CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL
	ID/OD Verification			
BRAKE INSPECTED <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			TOTAL COST \$	
INSPECTION STA Tony's Service		STA NO. 026999		
CITY WHERE INSPECTED Jefferson City		DATE INSPECTED 11-28-97		
INSPECTOR'S PERMIT NO. 471952103810		INSPECTOR'S SIGNATURE Tony Smith		
REPAIR AUTHORIZATION				
I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.				
OWNER'S SIGNATURE		DATE REINSPECTED		
REINSPECTOR'S PERMIT NO.		STICKER/DECAL NO. L26201		
REINSPECTOR'S SIGNATURE		CONTROL NO. U2184004		

SHP-499

MVI-2 3/92

## ATTACHMENT C-1



**MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
APPLICATION FOR LICENSE**

FORM <b>184</b> REV. 8-03	LICENSE PLATE OR ATV DECAL NO. <b>220001M</b>	TAB NO.	EXP. MO.	EXP. YR.
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TYPE OF REGISTRATION (CHECK ONE BOX ONLY)		<input checked="" type="checkbox"/> J NEW OR RENEW & TRANSFER	<input type="checkbox"/> K RENEWAL	<input type="checkbox"/> M TRANSFER	<input type="checkbox"/> L CHANGE WT/ZONE	<input type="checkbox"/> S REPLACED (OUT OF STOCK ONLY)	<input type="checkbox"/> Z SPECIAL	<input type="checkbox"/> X DATA CORRECTION	<input type="checkbox"/> V REINSTATEMENT
OWNER'S NAME - LAST, FIRST, MIDDLE <b>Mo Dept of Mental Health</b>						OFFICE VALIDATION			
STREET, RR, OR PO BOX NUMBER <b>1706 E Elm St</b>									
CITY <b>Jefferson City</b>				STATE <b>MO</b>	ZIP CODE <b>65109</b>				
REGISTRATION PERIOD <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 2-YEAR		COUNTY <b>Cole</b>	TELEPHONE <b>573-751-4123</b>						
YEAR <b>96</b>	MAKE <b>Ford</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FALP52UXSG241330</b>				TITLE NUMBER <b>CA123455</b>			
BODY STYLE <b>fodor</b>	FUEL <b>G</b>	KIND OF VEHICLE (KOV) P-PASSENGER M-MOTORCYCLE T-TRUCK C-TRICYCLE D-TRAILER R-REC. VEHICLE B-BUS A-ATV		KOV <b>P</b>	ODOMETER READING FROM INSPECTION	PURCHASE DATE <b>12-15-97</b>	PASSENGER <b>HP 29</b>	ZONE	TRUCK & BUS GR. WT/SEAT
<b>EXPIRED (SAME PLATE RENEWAL) / REPLACED FROM STOCK ONLY (NOTARY REQUIRED) / SURRENDERED / TRANSFERRED LICENSE PLATE</b>									
LICENSE PLATE NO.		CURRENT TAB #	EXP. MO.	EXP. YR.	ZONE	GR. WT/SEAT	HP	LICENSE FEE	\$ <b>no fee</b>
REASON FOR REPLACEMENT <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> NEVER RECEIVED								RESERVATION FEE	\$
ADD H.P. FEE								\$	
<b>LICENSE TRANSFER INFORMATION</b>								TRANSFER FEE	\$
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER		H.P.	FAIL TO TRANS./RENEW	\$
<input type="checkbox"/> <b>VEHICLE OUT OF STATE</b> -vehicle described above has not been within the state of Missouri for the sixty (60) day period immediately preceding the date of this application for registration, but will be submitted for inspection at an official safety inspection station within ten (10) days after entering the state by me or my agent. (Notary not required)								REPLACEMENT FEES	\$
<input type="checkbox"/> <b>NON-USE</b> ...the motor vehicle described above has not been operated on public roads or the highways of Missouri by me or my agent during the period of _____ to _____ (Notary required)								RENEWAL PENALTY	\$
I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE AND WILL MAINTAIN, DURING THE PERIOD OF REGISTRATION, FINANCIAL RESPONSIBILITY WITH RESPECT TO EACH MOTOR VEHICLE THAT I OWN. LICENSE OR OPERATE ON THE STREETS OR HIGHWAYS. ANY FALSE AFFIDAVIT IS A CRIME UNDER SECTION 575.050 OF MISSOURI LAW. YOU MUST PRESENT YOUR INSURANCE CARD (A COPY IS ACCEPTABLE) OR OTHER ACCEPTABLE PROOF OF FINANCIAL RESPONSIBILITY.								REINSTATEMENT FEE	\$
SIGNATURE OF OWNER <b>x Bill Brown, Title Clerk</b>								<input type="checkbox"/> \$1 BLIND FUND <input type="checkbox"/> \$1 ORGAN FUND <input type="checkbox"/> \$10 WWII MEM. FUND	\$
FOR OFFICE USE ONLY <input type="checkbox"/> PP <input type="checkbox"/> FHVUT <input type="checkbox"/> EMISS <input checked="" type="checkbox"/> SAFETY <input type="checkbox"/> FMCSR <input checked="" type="checkbox"/> INS.								SUBTOTAL	\$
DLN/SSN/FEIN								PROCESSING OR AGENT FEE	\$
SURRENDERED PLATE NUMBER								TOTAL FEES	\$
SURRENDERED PLATE CREDIT								VERIFIED BY	
NOTARY PUBLIC EMBOSSESSOR OR BLACK INK RUBBER STAMP SEAL		STATE				COUNTY (OR CITY OF ST. LOUIS)			
		SUBSCRIBED AND SWORN BEFORE ME, THIS				<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>			
		DAY OF		YEAR					
		NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES					
		NOTARY PUBLIC NAME (TYPED OR PRINTED)							
BRANCH OFFICE VALIDATION ONLY						REMARKS			

MO 860-0351 (8-03)

## ATTACHMENT C-2

		MISSOURI DEPARTMENT OF REVENUE DRIVER AND VEHICLE SERVICES BUREAU <b>APPLICATION FOR LICENSE</b>		FORM <b>184</b> REV. 8-03	LICENSE PLATE OR ATV DECAL NO. 220001M	TAB NO.	EXP. MO	EXP. YR.
TYPE OF REGISTRATION (CHECK ONE BOX ONLY)		<input type="checkbox"/> J NEW OR RENEW & TRANSFER <input type="checkbox"/> K RENEWAL <input checked="" type="checkbox"/> M TRANSFER <input type="checkbox"/> L CHANGE WT/ZONE <input type="checkbox"/> S REPLACED (OUT OF STOCK ONLY) <input type="checkbox"/> Z SPECIAL <input type="checkbox"/> X DATA CORRECTION <input type="checkbox"/> V REINSTATEMENT						
OWNER'S NAME - LAST, FIRST, MIDDLE Mo Dept of Mental Health					OFFICE VALIDATION			
STREET, RR, OR PO BOX NUMBER 1706 E Elm St								
CITY Jefferson City		STATE MO	ZIP CODE 65109					
REGISTRATION PERIOD <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 2-YEAR	COUNTY Cole	TELEPHONE 573-751-4123						
YEAR 00	MAKE FORD	VEHICLE IDENTIFICATION NUMBER (VIN) 1FMDA3JU9SZB74799			TITLE NUMBER CM543210			
BODY STYLE van	FUEL G	KIND OF VEHICLE (KOV) P-PASSENGER M-MOTORCYCLE T-TRUCK C-TRICYCLE D-TRAILER R-REC. VEHICLE B-BUS A-ATV		KOV P	ODOMETER READING FROM INSPECTION	PURCHASE DATE 10-02-01	PASSENGER H.P. 41	TRUCK & BUS ZONE GR. WT/SEAT
<b>EXPIRED (SAME PLATE RENEWAL) / REPLACED FROM STOCK ONLY (NOTARY REQUIRED) / SURRENDERED / TRANSFERRED LICENSE PLATE</b>								
LICENSE PLATE NO. 220001M	CURRENT TAB #	EXP. MO.	EXP. YR.	ZONE	GR. WT/SEAT	HP	LICENSE FEE	\$
REASON FOR REPLACEMENT <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> NEVER RECEIVED							RESERVATION FEE	\$
<b>LICENSE TRANSFER INFORMATION</b> YEAR 96 MAKE Ford VEHICLE IDENTIFICATION NUMBER 1FALP52UXSG241330 TITLE NUMBER CA123455 H.P. 29							ADD H.P. FEE	\$
<input type="checkbox"/> <b>VEHICLE OUT OF STATE</b> —vehicle described above has not been within the state of Missouri for the sixty (60) day period immediately preceding the date of this application for registration, but will be submitted for inspection at an official safety inspection station within ten (10) days after entering the state by me or my agent. (Notary not required)							TRANSFER FEE	\$ no fee
<input type="checkbox"/> <b>NON-USE</b> ...the motor vehicle described above has not been operated on public roads or the highways of Missouri by me or my agent during the period of _____ to _____. (Notary required)							FAIL TO TRANS./RENEW	\$
I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE AND WILL MAINTAIN, DURING THE PERIOD OF REGISTRATION, FINANCIAL RESPONSIBILITY WITH RESPECT TO EACH MOTOR VEHICLE THAT I OWN, LICENSE OR OPERATE ON THE STREETS OR HIGHWAYS. ANY FALSE AFFIDAVIT IS A CRIME UNDER SECTION 575.050 OF MISSOURI LAW. YOU MUST PRESENT YOUR INSURANCE CARD (A COPY IS ACCEPTABLE) OR OTHER ACCEPTABLE PROOF OF FINANCIAL RESPONSIBILITY.							REPLACEMENT FEES	\$
SIGNATURE OF OWNER x Bill Brown, Title Clerk.							RENEWAL PENALTY	\$
DLN/SSN/FEIN							REINSTATEMENT FEE	\$
<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> PP <input type="checkbox"/> FHVUT <input type="checkbox"/> EMISS <input checked="" type="checkbox"/> SAFETY <input type="checkbox"/> FMCSR <input checked="" type="checkbox"/> INS.							<input type="checkbox"/> \$1 BLIND FUND <input type="checkbox"/> \$1 ORGAN FUND <input type="checkbox"/> \$10 WWII MEM. FUND	
SURRENDERED PLATE NUMBER							SUBTOTAL	\$
SURRENDERED PLATE CREDIT							PROCESSING OR AGENT FEE	\$
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL							TOTAL FEES	\$
STATE							VERIFIED BY	
COUNTY (OR CITY OF ST. LOUIS)								
SUBSCRIBED AND SWORN BEFORE ME, THIS							<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>	
DAY OF YEAR								
NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES								
NOTARY PUBLIC NAME (TYPED OR PRINTED)								
BRANCH OFFICE VALIDATION ONLY							REMARKS	

MO 860-0351 (8-03)

## ATTACHMENT D



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
APPLICATION FOR REPLACEMENT PLATE(S)/TABS(S)/  
SECOND PLATE

FORM  
**1576**  
(REV 11-03)

SEE INSTRUCTIONS  
ON REVERSE

*ANY FALSE STATEMENT ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE, IMPRISONMENT, OR BOTH. (301.420 RSMo)					
VALIDATION AREA					
TYPE OF TRANSACTION <input checked="" type="checkbox"/> REPLACEMENT PLATES/TABS <input type="checkbox"/> SECOND PLATE ONLY (See reverse)					
<b>OWNER INFORMATION</b>					
OWNER'S NAME (LAST, FIRST, MIDDLE) Mo Dept of Mental Health					
STREET ADDRESS, R.R. OR P.O. BOX 1706 E Elm St				COUNTY Cole	
CITY Jefferson City		STATE MO	ZIP 65109	TELEPHONE (573) 751-4123	
<b>VEHICLE INFORMATION</b>					
YEAR 00	MAKE Ford	VEHICLE IDENTIFICATION NUMBER 1FMDA3JU9SZB74799		TITLE NUMBER CM543210	
BODY STYLE van	KIND OF VEHICLE P	IF TRUCK/BUS ZONE / GR. WT. / SEAT	LICENSE NUMBER 220001M	TAB NUMBER	
EXP. MONTH	EXP. YEAR	NEW TAB NUMBER	REPLACEMENT PERMIT NO.	TOTAL FEES no fee	
<b>REPLACEMENT PLATE INFORMATION</b>					
DO NOT USE THIS FORM IF PLATES ARE BEING ISSUED FROM STOCK - USE FORM DOR-184		PLATES NEEDED <input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO	CHANGE OF ADDRESS <input type="checkbox"/>	TABS ONLY <input type="checkbox"/>	
REASON REQUIRED <input checked="" type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> NEVER RECEIVED					
NOTARY PUBLIC EMBOSSER SEAL OR BLACK RUBBER STAMP  NOTARY'S seal or rubber stamp		<b>STATE OF MISSOURI</b> SUBSCRIBED AND SWORN BEFORE ME, THIS 10th day of July 2004 NOTARY PUBLIC SIGNATURE Susan Link MY COMMISSION EXPIRES 9-20-05 NOTARY PUBLIC NAME (TYPED OR PRINTED) SUSAN LINK COUNTY (OR CITY OF ST. LOUIS) Cole			
I HEREBY CERTIFY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.					
SIGNATURE OF OWNER REQUIRED Bill Brown, Title Clerk					
<b>FOR OFFICE USE ONLY</b>					
APPLICANT LAST RENEWED THIS REGISTRATION ON (DATE) _____ AT THE _____ OFFICE.					
APPLICANT PRESENTED DOCUMENTED PROOF THAT THE ABOVE VEHICLE IS CURRENTLY REGISTERED AND THE REGISTRATION IS CURRENT FOR THIS PERIOD AS WITNESSED BY:					
AGENT'S SIGNATURE			DATE		
REMARKS					

MO 860-0091 (11-03)

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PINK - CUSTOMER RECEIPT

DOR-1576 (11-03)